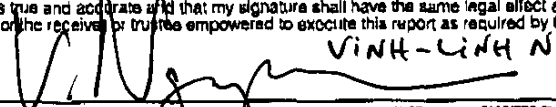


FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90168 030 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20045921

DOCUMENT # L05000050131			
1. Entity Name TALLAHASSEE CANCER CENTER, P.L.			
Principal Place of Business 2819 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308		Mailing Address 2819 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1747032		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LEADBEATER, JOHN T 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, VINH-LINH M.D. 2819 CAPITAL MEDICAL BOULEVARD TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE:  VINH-LINH NGUYEN		5/17/2006 850-422-8922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAY Daytime Phone #	